

**STATE OF VERMONT
ACTIVE PREMIUMS
BI-WEEKLY**

Effective January 1, 2014

TOTAL CHOICE PLAN PLAN				
CLASS CODE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	DEFINITION
01	\$367.12	\$293.70	\$73.42	One Person
1A	\$734.24	\$587.39	\$146.85	Two Person
1B	\$1,009.58	\$807.66	\$201.92	Family

SELECTCARE POS PLAN				
CLASS CODE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	DEFINITION
01	\$307.26	\$245.81	\$61.45	One Person
1A	\$614.50	\$491.60	\$122.90	Two Person
1B	\$844.94	\$675.95	\$168.99	Family

HEALTHGUARD PPO PLAN				
CLASS CODE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	DEFINITION
01	\$329.29	\$263.43	\$65.86	One Person
1A	\$658.57	\$526.86	\$131.71	Two Person
1B	\$905.55	\$724.44	\$181.11	Family